

13 CV 5640

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKBELENDE THELISMOND

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

OFFICER SANCHEZJury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name BELENDE THELISMOND
 Street Address 1600 HAZEN STREET
 County, City EAST ELMHURST
 State & Zip Code NEW YORK 11370
 Telephone Number 347-385-3006 - 347-707-9415

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name SANCHEZ OFFICER
 Street Address 1600 HAZEN STREET

County, City EAST ELMHURST
 State & Zip Code NEW YORK 11370
 Telephone Number - - - -

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? ASSAULTED BY D.O.C STAFF

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? O.B.C.C

B. What date and approximate time did the events giving rise to your claim(s) occur? JUNE 21, 2013 AND AROUND 4:50 PM - 5:10 PM

C. Facts: I GOT ASSAULTED & PUNCHED OR SMACKED TO THE FLOOR DUE TO ME VOICEING MY MEDICAL ISSUE.

What happened to you?

Who did what?

OFFICER SANCHEZ ASSAULTED ME WHILE OFF MY CRUCHES WAITING TO BE SEARCH I AM DISABLE

Was anyone else involved?

NO

Who else saw what happened?

3 SOUTHWEST 3 PRINT SEARCH AREA CAMPA & CO BAILEY #7487, CO FOLSTON # 13257, CO DANIEL # 18208 AND A INMATE FROM 3 SOUTHWEST

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I FELT EYE SWOLLEN TO THE LEFT SIDE OF MY FACE AND JAW SCRAPED BLOODY GUM

C. Explain why you need an attorney in this case.

I HAVE NO KNOWLEDGE ON THE LAW
OF CIVIL PRACTICE.

D. Explain what steps you have taken to find an attorney and with what results.
(Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

I CONTACTED MY GIRL AND STEP MOM
TO REACH OUT TO AN ATTORNEY

E. If you need an attorney who speaks a language other than English, state what language(s) you speak:

2. In further support of my application, I declare that (check appropriate box):



I have previously filed a Request to Proceed *In Forma Pauperis* in this case, and it is a true and correct representation of my current financial status.



I have not previously filed a Request to Proceed *In Forma Pauperis* in this case, and now attach an original Request to Proceed *In Forma Pauperis* detailing my financial status.



I have previously filed a Request to Proceed *In Forma Pauperis* in this case, however, my financial status has changed. I have attached another Request to Proceed *In Forma Pauperis* showing my current financial status.

3. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.

4. I understand that if my answers on this application are false, my case may be dismissed.

5. I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7-17-13

Belinda Thelismond
Signature

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

BELENDE THELISMOND

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

___ Civ. ___ () ()

- against -

AFFIRMATION OF SERVICE

OFFICER SANCHEZ

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, BELENDE THELISMOND, declare under penalty of perjury that I have
(name)

served a copy of the attached CIVIL ACTION 1983 CLAIM
(document you are serving) 1600 HAZEN ST

upon _____ whose address is E. ELMHURST 11370
(name of person served)

(where you served document)

by D.O.C MAIL IN ROOM
(how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: _____, _____
(town/city) (state)

JULY 20, 2013
(month) (day) (year)

Belende Thelismond
Signature

1600 HAZEN ST
Address

EAST ELMHURST NY
City, State

11370
Zip Code

Telephone Number